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Bib Data Sheet

CONFIRMATION NO. 4465

<b>SERIAL NUMBER</b> 09/138,735	<b>FILING DATE</b> 08/24/1998 <b>RULE</b>	<b>CLASS</b> <del>424</del> 435/6	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> WPB-36400B	
<b>APPLICANTS</b> GLAUCIA PARANHOS-BACCALA, LYON, FRANCE; MYLENE LESENECHAL, VILLEURBANNE, FRANCE; MICHEL JOLIVET, BRON, FRANCE;					
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A DIV OF 08/480,917 06/07/1995 PAT 5,820,864					
<b>** FOREIGN APPLICATIONS *****</b> FRANCE 94-10132 08/12/1994					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verbal and <i>Allowance</i> Acknowledged <i>Examiner's Signature</i> Initials		<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 25944.					
<b>TITLE</b> TRYPANOSOMA CRUZI ANTIGEN, GENE ENCODING THEREFOR AND METHODS OF DETECTING AND TREATING CHAGAS DISEASE					
<b>FILING FEE RECEIVED</b> 1700	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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